

Authorized User Evaluation Checklist for ENGINE LATHE

User Name: _____ **Badge #** _____

Test Location: _____

Safety

| User | YES | NO | Notes |
|---|--------------------------|--------------------------|-------|
| Propped shop door open upon entering shop. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wore ANSI-approved safety eyewear upon entering shop. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Observed standard shop safety procedures. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Maintained awareness of activity in surrounding area | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did not wear jewelry or loose clothing while operating machine | <input type="checkbox"/> | <input type="checkbox"/> | |
| Kept hands at a safe distance from moving machine parts. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Used proper chucking system to hold work piece. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Removed sharp edges from machined part | <input type="checkbox"/> | <input type="checkbox"/> | |
| Was aware of the various machine controls (start, stop, speed-change) on the machine. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Machine safety guards were in place during machining operation. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cleaned up work area before leaving the shop. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Used only brushes, vacuums or special tool for machine clean up. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Asked few or no question pertaining to safety rules or guidelines. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comments | | | |





Authorized User Evaluation Checklist for ENGINE LATHE

Usability

| User: | YES | NO | Notes |
|--|--------------------------|--------------------------|-------|
| Demonstrated working knowledge of the Engine Lathe. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Set up machine for operation/task with little or no assistance. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Selected proper tooling/cutter for the specified machining operation/task. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Selected proper cutter speed and feeds for machining operation/task | <input type="checkbox"/> | <input type="checkbox"/> | |
| Machine guarding was in place during machining operation/ task. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrated correct cutter path direction during machining task. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Used correct wrenches to tighten tool post and/or cutter holding device. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adjusted safety shields to protect from flying chips and/or coolant. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Measured work piece after machine had completely stopped. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrated comprehensive knowledge for task completion. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Completed machining task/operation successfully. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrated working knowledge of DRO or dial-handle size adjustment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Asked few or no question pertaining to machining operation/task/setup. | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments

Participant ☐ Passed ☐ Not Passed

JJC Evaluator: _____ Date: _____

